NHS

National Services Scotland

Minutes

Meeting of SCIMP working group

Date:	**Wednesday 2nd April 2014**
Venue:	**Board Room 1, Gyle Square, Edinburgh**
Time:	**11:30hrs to 16:30hrs**

Present:	**Paul Miller (PM)**	**Karen Lefevre (KL)**	
	Helen Maguire (HM)	**Colin Brown (CB)**	
	Bruce Thomson (BT)	**Alastair Taylor (AT)**	
	Ian Thompson (IT)	**Rob Walter (RW)**	
	Leo Fogarty (LF)	**Lindsey Ross (LR)**	
	John Duke (JD)		
VC:	**Ian McNicoll (IM)**	**Kevin Boylan (KB)**	
Minute:	**Jane Thomson (JT)**		

Apologies: **Libby Morris (LM) Paul Woolman (PW) Ian Cromarty (IC) Neil Kelly (NK) Paul Hemsley (PH)Alison Forbes (AF)**

1   Welcome, apologies and introductions

PM welcomed everyone to the meeting, introductions were made and apologies were noted. PM advised that PH has stepped down. PM introduced JT to the group.

2014-04-02-001 - KB to establish a replacement for Paul Hemsley (PH) as an eHealth Facilitator representative for SCIMP WG

2   Minutes and actions from previous meeting – 15th January 2014

Minutes were agreed as an accurate record of the last meeting. Actions were discussed and updated as per action log.

2014-01-15-009 - RO to ask PH to assist with looking at how SCIMP supports practices with managing patient access and online services.
As RO was not present this action has to be carried forward.

The group still discussed the action and talked in depth about the online patient access to health information and records. CB advised that he took part in a patient access to records meeting across the 4 nations. Concern was raised that GP practices all have different systems and this makes it difficult to have the process for everyone to follow.   AT advised that implementing a system has many security issues and the time and resources required

may not provide a beneficial result. KL advised that lay members raised concerned over using the CHI number within secondary care, as this is something that other patients could hear and then make use of.

3   SCIMP Review Papers, Futures & Vision

PM asked the group to review the papers which had been circulated and asked the group to consider the way forward for this WG over the next few years. PM went over the SCIMP review paper which is shared at the recent SCIMP Board meeting which took place on the 26 March 2014. PM advised that the feedback on this paper from the SCIMP Board was very good and informative.

Terms of reference – PM advised the SCIMP Board approved these.

Membership list – PM suggested this is issued every quarter and remind everyone who is part of the group e.g supplier and clinical representation.

Action 2014-04-002 -   JT to send out list every quarter.

Support – PM confirmed JT now in place.

Projects – PM advised that this group contribute to several pieces of work and projects e.g. death certification project and that these projects do not attract any additional funding.

Resources – PM confirmed that the SCIMP Board agreed that 3 new members can join the WG and these will initially be advertised on SHOW.

Budget – PM advised that the SCIMP allocated budget for financial year ending 31 March 2014 was £95K. PM is still waiting on the final spend details from Karen Young with an anticipated spend in the region of £130K. PM felt that the budget would ideally be in the region of £150K.

LF asked about the session payments for the WG members. PM confirmed that at the recent SCIMP Board meeting it was approved by the group that the session rate will increase to £210 from the 1 April 2014. PM confirmed that a session will include travel time. LF advised that within England a Senior Clinical Adviser would be earning the equivalent minimum rate of £350 per session.

The group then discussed the differences between being classed as an NSS employee or an independent contractor and accepting a standardised rate which NSS will pay. AT suggested that the WG should be classed as a contractor with a fee. He felt that the WG should be described a providing a facilitator service to SCIMP, this defined their role more accurately.

KL also felt that the WG now provides more clinical advice to the Scottish Government and IT developers compared to GP advice, which was the original format of the group. PM felt that the clinical leadership and IT development is much more likely to be successful if our input is involved from the start of the projects.

CB mentioned that the SCIMP newsletter was a worthwhile exercise but has fallen behind in any publication schedule. IT also advised that SCIMP contribute to the GP IT newsletter. PM also contributes to the monthly eHealth newsletter and through time this will be passed to JT to produce. AT felt that promoting the SCIMP conference in any newsletter is beneficial in order to attract the target audience.

PM asked the group to consider to "Futures" paper which had been previously circulated. PM gave the group the opportunity to contribute to what work SCIMP covers in relation to Brand, Services and Purpose and consider wording for a "SCIMP Mission Statement". The group agreed that health informatics needs to be included. PM collated the feedback from the group and used mind map to record the comments.

Action 2014-04-003 - PM to use the information provided via mind map and help to create a high level service catalogue.

KB gave apologies and left the meeting at 2pm.

4   SCIMP Conference 2014

IT advised that he had met with Maureen Hart (Events Manager at SHSC) along with PM to start planning the 2014 Conference. IT advised that the themes for this year will be the 20/20 Vision and how SCIMP can help to support this vision. Also how SCIMP links in with the Health & Social Care Agenda, as well as promoting eHealth at Health Board level.

IT advised that the date of the conference had been brought forward to prevent clashing with another large conference event in November.

PM confirmed that Ian McNicoll and Martin Murphy (Clinical Director of NHS Wales Informatics Service) are so far confirmed as guest speakers. It was suggested to invite Marcus Baw, a member of the RCGP Health Informatics Group and a locum GP in Manchester area. PM advised that Dai Evans cannot attend from PRIMIS but will find out if Paul Maddie is able to attend.

IT and PM asked for any recommendations for plenary speakers, Ian Herbert was put forward. PM asked the group to consider any other speakers.

PM checked with the group that they were happy with the ideas put forward already, the group approved this.

PM advised that the SCIMP WG meeting will take place after the second day of the conference.

The group discussed how to attract more front line staff e.g. practice managers to the conference. AT advised that our advertising of the event needs to read the right target audience. IT advised that from a sponsors view they would like the delegates to be in a position to influence purchasing decisions, to make the conference a success to them.

Action 2014-04-02-004 - All to consider any other recommended speakers for the conference and share these with PM and IT.

5 Project Updates

5.1 GP2GP
LF advised that the next board meeting is on Friday 4th April 2014 and the main topic for discussion is the supplier costs.

5.2 eMCCD – PM advised that there had been a meeting in March 2014 (paper circulated) with Maggie Young. A further meeting is taking place on the 8 May to discuss the functional specification of the system. PM asked the group to review the paper and if any comments to get in touch with him.

Action 2014-04-02-005 - All to review the paper and feedback any comments prior to the meeting on the 8th May.

5.3 Clinical models/ Dose Syntax
Dose Syntax – LF advised that he had a teleconference with Jo Goulding about a month ago. A detailed report has been completed and circulated. This covers the Primary and Secondary Care Teams. It was agreed that a meeting should take place with LF, PM, IT, CBI, IM, Jo Goulding to discuss this further.

Action 2014-04-02-007 - JT to organise meeting with names noted above asap.

PM and IM suggested that it would be a good idea to put on the clinical knowledge manager. IM agreed to look at the data specification and share with the group.

Action 2014-04-02-006 - IM to carry out mind map paper and send it round the group for review.

PM explained that at the SCIMP Board meeting Julie Falconer explained that the Scottish Government usually purchase clinical modelling software when they are in receipt of clear documentation outlining the problems experienced. This documentation would also need to detail the benefits of the new software and how this will solve the problems. PM advised that an action of the SCIMP Board was for PM, IM and Julie Falconer to meet.

Action 2014-04-02-008 - JT to organise meeting.

PM advised that the CAB meeting Julie Falconer and Karen Young confirmed that payment had already been made covering the period October 2013 to October 2014.

Action 2014-04-02-009 - IM to check if payment has been made in full for the above period.

PM and IM provided a tutorial day on clinical knowledge manager modelling and the day was well attended. The plan is to have this course again in August/September 2014.

5.4 Patient Access
Patient Access – PM advised this was covered earlier under action 2014-01-15-009.

5.5 GP Contracts QOF
PM confirmed this was discussed under agenda item 3.

5.6 Document Management
PM advised that a discussion has taken place on the Docman structure. CB raised concern that previous Request for Change (RFC) have not been progressed. PM suggested that SCIMP take this on and re-write the document folder structure advice. CB agreed to review the national document folder storage and share any changes with the group prior to being published on SCIMP website.

Action 2014-04-02-010 - CB to review document management process and share suggested changes with the group.

Action 2014-04-02-011 - BT to contact KB to raise that there are several RFC that are still outstanding and no progress or updates are being made.

5.7 Terminologies
Snomed – KL advised that a group had been put together which included Scott Heald and Janice Watson (Public Health Intelligence Business unit) to discuss what impact Snomed coding will have in Scotland. KL had been sent a list of read codes to review and highlight any discrepancies between Scotland and UK read codes (paper circulated) for mapping.

The group discussed in depth over the safety risks for patients moving from Scotland to England and the read code having a different reason. LF advised that there are only a couple of read codes that could have an impact on patient safety. These codes have different meaning between Scotland and the rest of the UK.

PM highlighted that sending coding data is more valuable than having free text option.

The group made the following decision which KL would share at her meeting.

All codes with different terms will map to discrete Snomed code according to each Read term. Also, for GP2GP transfer of codes with different terms, codes will keep their original term in the new system. No degradation to text. It does not matter if on white or black list.

KL left the meeting at 2.30pm.

5.9 SPIRE
HM and RW left the room prior to this update being discussed.

PM advised that SPIRE is now at the procurement stage. PM advised that as the programme board meetings are on a Friday he is unable to attend. CB would check his availability and try and attend these meetings.

Action 2014-04-02-012 - JT to find date of next meeting and forward on to CB to check his availability.

HM and RW returned back into the room.

6 Any other business
PM asked the group is anyone had any other business to raise with the group. Nothing else was raised.

PM advised that the next meeting would take place on the 18th June and will be in Aberdeen. PM suggested inviting some guest speakers to the meeting.

PM closed the meeting by thanking everyone for attending